



Office of General Services
Office of Business Diversity

Design and Construction
AN ISO 9001:2015 CERTIFIED ORGANIZATION
Office of Business Diversity, 29th Floor, Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242
Phone: (518) 486-9284 FAX: (518) 486-9285

CONTRACTOR'S SDVOB UTILIZATION PLAN

☐ Revised Plan

Contract No.: **47192C**

Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization. Submit completed responses to DCSDVOB@ogs.ny.gov

Contractor's Name, Address and Federal ID No.: Kinglsey Arms, Inc. 1352 NY 40 #1 Schaghticoke NY 12154 Federal ID No.: 14-1570022	Contract Description/Location: Harriman Campus unit price job	Date Proposal Approved:	Date Printed: 6/12/23	Bid Date: 6/7/23	SDVOB GOAL 6%
	Work/Job Order:	OGS Project Number: 47192C	Work Order Value:	Contract Amount: 4,000,000.00	

Certified SDVOB Name, Address and Phone No.	Description of Subcontracting/Supplies	Anticipated performance/purchase date(s)	Dollar Value of Subcontract/Supplies	FOR OGS USE ONLY	SEE BDC 328.1S
Resilient Support Services 517 Broadway, Suite 230A Schaghticoke, NY 12154 Federal ID No.: 81-4866866 Confirmed	supplying pipe, manholes	7/1/23-7/1/26	\$240,000.00		<input type="checkbox"/>
Federal ID No.:					<input type="checkbox"/>
Federal ID No.:					<input type="checkbox"/>
Federal ID No.:					<input type="checkbox"/>

Pursuant to Executive Law Article 17-B, my firm will engage in a good faith effort to achieve the SDVOB goals on this contract.		Contractor's Comments:	
Contractor's Signature: 		FOR OGS USE ONLY <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency Issued SDVOB % _____ \$ _____	
Enter Name: Hal Bayly			
Title: Project manager			
E-Mail Address: kinglseyarms@yahoo.com Date: 6/14/2023			
		OGS Authorized Signature: Enter Name: Shafia Booker Date: 6/15/2023	